



## VOLUNTEER APPLICATION

Position applied for or area of interest: \_\_\_\_\_  
A new application must be submitted for each program in which an individual is volunteering.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Please list any other names previously used: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact you at work? YES NO

List other states where you have resided as an adult  
(Over the age of 18)

Drivers License number:

State of issue:

Expiration Date (Month/Year) \_\_\_\_ / \_\_\_\_

Is your license currently suspended? YES NO

Do you have health insurance? YES NO Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company: \_\_\_\_\_ Primary Insured: \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PERSONAL REFERENCES (Do not include relatives)

Name: _____	Relationship: _____	Day Phone: _____
Name: _____	Relationship: _____	Day Phone: _____

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony? YES NO If yes, please give dates, charges(s), locations (state and county of conviction), and any other information your feel should be considered in the evaluation of your application. Also, include in your answer any warnings or convictions or any alcohol/drug related driving offenses. *Attach explanation on a separate sheet of paper.*



## **VOLUNTEER INFORMATION/RELEASE FORM**

I certify that all answers to the questions and statements on the volunteer application, attachments, and/or information provided in interviews are true and complete to the best of my knowledge.

I authorize the release of any and all information concerning myself for the purposes of volunteering with the City of Woodburn. I understand that an investigation into my affairs will include a criminal background check.

I authorize any past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this volunteer opportunity.

I understand that should the City learn, at any time, of any untruthful, misleading, falsified or omitted answers, my volunteer application may be rejected, my name removed from consideration, or my service with the city terminated.

I hereby release the City of Woodburn, its member agencies, and all of their officers and employees from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Woodburn from the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

I further agree that a copy of this release is as valid as the original.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If the above applicant is a minor, as the parent/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the city of Woodburn.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## City of Woodburn

### VOLUNTEER AGREEMENT

#### As a registered volunteer, you agree to meet the following requirements:

1. Complete and submit the city's volunteer application/agreement.
2. Attend any required training session(s) for volunteers.
3. Exercise the necessary desire and patience in working with children/people of all ages to facilitate their physical, social, and psychological development.
4. Agree to uphold the program's philosophy, goals, and guidelines.
5. Represent the City of Woodburn in a positive, constructive manner.
6. Be a good role model for children, parents, and fellow colleagues.
7. Follow any emergency and reporting procedures outlined by your supervisor.
8. Communicate problems, suggestions, or concerns to your supervisor in a timely manner.
9. Agree that the city may use, reproduce, disclose, and distribute your name and/or likeness for City marketing purposes.

#### GENERAL INFORMATION

Circle the grades with which you would like to work:

Grades: Pre K K 1 2 3 4 5 6 7 8 9-12 or Adult Youth S

If applicable, do you wish to coach your child's team?

YES

NO

Please list your child's

Name Grade School


#### POSITIONS AVAILABLE

##### SPORTS

Youth Soccer	Adult Soccer
Youth Basketball	Adult Basketball
Youth T-Ball	Youth Pee Wee Ball

##### YOUTH PROGRAMS

Summer Camp	After School Club
Arts/Cultural	

##### LIBRARY

Library book shelving

##### AQUATIC CENTER

Junior Lifeguard	Junior Water Safety Instructor
Water Exercise Instructor	Activity Leader
Outreach Leader	Janitorial

##### GENERAL CITY EVENTS

Special Events	Playground Build
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For Office Use Only	Direct Insured	Direct Uninsured	Supplemental Labor

Print Full Volunteer Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

VOLUNTEER'S NAME: (PLEASE PRINT) \_\_\_\_\_

**VOLUNTEER  
WAIVER, RELEASE, & ASSUMPTION OF RISK**

Thank you for your willingness to volunteer for the City of Woodburn. The City of Woodburn (the "City") is committed to conducting its programs, services, and activities in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the volunteer activities.

**READ CAREFULLY BEFORE SIGNING**

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities for the City, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said volunteer activities. I further agree to waive and release all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or related to the volunteer activities, against the City, its officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I further declare that I am aware of the activity contemplated and the hazards connected therewith; understand that I may be a passenger in vehicles operated by City employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need thereof. I further agree to pay for such services and to save the City and its employees harmless therefrom.

I have read and fully understand the above waiver and release and shall be binding on my heirs, executors, successors and assigns.

**Participant's Signature:** \_\_\_\_\_

*(Participant must be 18 years or older, **OR** Parent/Guardian signature is required.)*

**Participant's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Ph#:** \_\_\_\_\_ **Cell Ph #:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_